

2007 Utah Facility Comparison Report on Gallbladder Removal For Adult Inpatients and Outpatients

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Introduction



Welcome to the 2007 Utah Facility Comparison Report for Gallbladder Removal, Adult Inpatients and Outpatients. If you or an adult family member have gallbladder problems, you may find this report helpful as you consider where to receive treatment.

Patient education is the key ingredient in receiving the care you want and need. An excellent brochure explaining gallbladder removal has been produced by the American College of Surgeons. It can be accessed at http://www.facs.org/public_info/operation/cholesys.pdf.

Note: “Facilities” include hospitals and ambulatory surgery centers for outpatient treatment and hospitals for inpatient treatment. When reading the tables, please be aware that inpatients usually spend at least 24 hours in the facility; outpatients usually spend less than 24 hours in the facility.

Facility Utilization

See the tables in this report for information comparing Utah’s facilities on the following indicator:

✓ Inpatient Gallbladder Removals

This measure shows the percentage of inpatient gallbladder removals performed using laparoscopy. It is not intended to be an indicator of quality of care. Whether a facility performs a lower percentage of gallbladder removal by laparoscopic surgery often depends on its patients’ medical history and how ill its patients are. You should consult your health care professional for help in understanding the best treatment options for you.

Many factors affect a facility’s performance on quality measures. Read the online report for more information.

See the online report for more about the following:

- Gallstones, Gallbladder Diseases
- Why laparoscopic surgery is not an indicator of quality of care

Read more about methods and measures used for the facility utilization section in this report in Methods and Measures.

More information about quality indicators can be found at the Agency for Healthcare Research and Quality (AHRQ) web site (<http://www.ahrq.gov>).

Facility Charges

See the tables in this report for information on comparing Utah’s facilities for the following surgeries:

- ✓ Outpatient Laparoscopic Gallbladder Removal
- ✓ Inpatient Laparoscopic Gallbladder Removal
- ✓ Inpatient Open Gallbladder Removal

Your charges may be higher or lower than the average charges shown in the above tables. It is important to remember that “charge” is not the same as “total cost” or “total payment” to the facility.

Note: Many factors will affect the cost of your facility stay. Read more in the “About the Report” section later in this report. You can also find more information about these factors at the Utah PricePoint web site (<http://www.utpricepoint.org>).

See the online report for more about the following:

- Laparoscopic Gallbladder Removal
- Open Gallbladder Removal (interactive tutorial)

Read more about methods and measures used for the facility utilization section in this report in Methods and Measures.

Please be aware that information in this report is neither intended nor implied to be a substitute for professional medical advice. Always ask questions and seek the advice of your physician or other qualified health provider prior to starting any new treatment.

CALL YOUR HEALTH CARE PROVIDER IMMEDIATELY IF YOU THINK YOU MAY HAVE A MEDICAL EMERGENCY.

Key Findings



How did Utah’s rate of laparoscopic gallbladder removal compare to the nation in 2005?

For laparoscopic gallbladder removal, Utah overall had a higher rate (82.5%) than similar adult inpatients nationwide (75.1%). Utah overall means all Utah facilities combined.

In general, laparoscopic gallbladder removal requires smaller incisions and results in quicker recovery for patients than open gallbladder removal. However, the doctor may start a laparoscopic surgery, find unanticipated problems and need to change to an open surgery. Other patients with known complex medical problems or history may require planned open surgery. In these cases, open surgery is not necessarily an indication of lower quality of care.

Measures used are in parentheses below. For more details, see the Technical Document for this report.

In 2005, in Utah

- 1,772 (82.5%) of 2,147 inpatient gallbladder removals were laparoscopic (AHRQ IQI 23).
- 5,704 additional outpatient laparoscopic gallbladder removals were performed (ICD-9-CM procedure code 51.23).
- 7,476 (95%) of 7,851 gallbladder removals among inpatients and outpatients were laparoscopic.
- 5,704 (73%) of 7,851 gallbladder removals among inpatients and outpatients were outpatients.

When each Utah facility that performed at least 30 gallbladder removals is compared to similar inpatients nationwide in 2005:

- 15 facilities had a higher percentage of inpatient laparoscopic gallbladder removals.
- 6 additional facilities had a lower percentage. These facilities tend to treat inpatients with more complex gallbladder problems and medical history.

Note that many factors can affect treatment for gallbladder problems at a particular facility. Read more in “About the Report”.

How did facility charges differ among Utah facilities?

Average facility charges among adults for the gallbladder removal procedures in this report differed widely in 2005 for inpatients and outpatients. Measures used are in parentheses. For more details, see the Technical Document for this report.

- \$2,050 to \$11,470 among 38 Utah facilities that reported charges for laparoscopic outpatients (ICD-9-CM procedure code 51.23).
- \$5,951 to \$15,482 among 32 Utah facilities that reported charges for laparoscopic inpatients (APR-DRG 263) at the minor/moderate level of illness.

As expected, average facility charges for inpatients treated at the major/extreme level of illness were higher. In this report outpatients are not grouped into two levels of illness.

Note: Many factors will affect facility charges. Read more in About the Report.

About the Report



Why is this report important to me?

If you or someone you know has gallbladder problems, you may find this report helpful when considering where to receive treatment. Facilities can vary, sometimes quite a bit, in terms of what they charge and their quality and safety for patients.

This report is not intended to be anyone's sole source of information about facility quality, safety and charges in Utah. Rather, it is designed to provide helpful information that can play an important role in choosing facilities, along with other sources including doctor recommendations.

Why are you producing this report?

The 2006 Utah Facility Comparison Report on Gallbladder Removal for Adult Inpatients and Outpatients is one of a series of health care consumer reports that the Office of Health Care Statistics (OHCS) has developed in response to Senate Bill 132 which was passed during the 2005 legislative session.

Consumers are encouraged to use the information in these reports to ask questions of their provider, facility or insurance representative. Let them know you plan to take an active role in your health care decisions.

What is the purpose of the Utah Health Data Committee?

The Utah Health Data Committee was established by the Utah Legislature in 1990 to collect, analyze and distribute state Health Care data. Since December 2005, the committee has released a series of consumer reports comparing health care in Utah facilities. Read more at <http://www.health.utah.gov/hda/>.

Who else helped to shape this report?

Utah citizens continually review our consumer reports to make sure they are understandable and easy to read. Public input helps us create user-friendly reports for people who are not medical experts yet need useful health care information. Read more at <http://health.utah.gov/myhealthcare/evaluation.html>.

Leading physicians and health educators reviewed the report's medical information. Seven Utah physicians, as part of the Cholecystectomy Task Force, provided advice and direction on the measures used in this report. Five bio-statisticians assisted in selecting the appropriate statistical method (when used) for comparing facility performance.

About the Data



Where do the data come from?

Most of the data in this report come from facility claim records. Utah facilities are required by law to submit a standard set of information about each inpatient who spends at least 24 hours in a facility and about each outpatient who spends up to 24 hours in the facility to the Office of Health Care Statistics, Utah Department of Health, for the Utah Hospital Discharge Database. The Agency for Health Care

Research and Quality (AHRQ), a federal agency in charge of quality of care, provided national information. For further information visit the AHRQ web site.

Have the data been verified by others?

Yes, Utah facilities review the data for accuracy during a 30-day review period while the report is being developed. They then review the completed report before it is released. Facilities may submit comments to be posted online as part of the report.

Why use these indicators/measures?

AHRQ developed the Inpatient Quality Indicators (IQIs) for in-facility deaths used in this report. The IQIs allow comparison among Utah facilities with similar patients nationwide. This report shows one IQI for inpatient laparoscopic gallbladder removal, a utilization measure.

The measure for average charge is an All Patient Refined Diagnosis Related Group (APR-DRG) for similar, though not identical, conditions and procedures among inpatients. For outpatients, the measure is the ICD-9-CM procedure code 51.23, as outpatients do not have APR-DRGs. See the section of this report called Why Use These Indicators/Measures.

What are the limitations of utilization comparisons in the report?

Many factors affect a facility's performance on utilization measures. Such factors include the facility's size, the number of gallbladder patients treated, available specialists, teaching status and particularly the medical history of the facility's patients and how ill the facility's patients are. Facilities that treat high-risk (very ill) patients may have higher percentages of open surgeries than facilities that transfer these patients. Facilities may report patient diagnosis codes differently which could impact the comparison of utilization measurement among facilities. Utilization indicators adjust for how ill each facility's patients are, but the adjustment may not capture the full complexity of the patient's condition. The Utah Hospital Discharge Database includes up to nine diagnoses and up to six procedures for each patient. Some patients have additional diagnoses and procedures that are not included in this database. As a result, the measures of inpatient illness may not be complete.

Higher-risk gallbladder removal patients are usually inpatients. Lower- risk gallbladder removal patients are often outpatients. See Glossary and Technical Document.

What are the limitations of the charge comparisons in the report?

The average charge shown in this report differs from "costs," "reimbursement," "price" and "payment." Different payers, such as private insurers, Medicare and Medicaid, have different arrangements with each facility for payment. Many factors will affect the cost for your facility stay, including whether you have health insurance, the type of insurance and the billing procedures at the facility. This report excludes outlier (unusually high) charge cases and length of stay cases from the calculation of average charge for inpatients. It does not exclude outlier charges for outpatients (see Glossary). Outpatients do not have levels of illness, whereas inpatients do have levels of severity of illness.

Inpatient Laparoscopic (Lap) Gallbladder Removals in Utah Hospitals (IQI 23)

Age 18 Years and Over: 2005

Hospital	Lap and Open Inpatients	Actual Lap Inpatients
Utah Overall	2,147	82.5%
Alta View Hospital	56	92.9%
American Fork Hospital	43	100.0%
Brigham City Community Hospital	39	87.2%
Castleview Hospital	47	95.7%
Cottonwood Hospital	152	90.8%
Davis Hospital	71	70.4%
Dixie Regional Medical Center	234	91.5%
Jordan Valley Hospital	96	92.7%
Lakeview Hospital	53	98.1%
LDS Hospital	174	71.8%
Logan Regional Hospital	75	81.3%
McKay-Dee Hospital	127	70.9%
Mountain View Hospital	36	91.7%
Ogden Regional Medical Center	44	81.8%
Pioneer Valley Hospital	59	67.8%

Utah overall had a higher percentage of laparoscopic gallbladder removals (82.5%) than similar inpatients nationwide (about 75%).

Laparoscopic surgery (lap) requires smaller incisions and quicker recovery for the patient, so it is usually preferable. However, the doctor may start a lap, find unanticipated problems and change to an open surgery. Other patients with known complex medical problems require planned open surgery.

The following hospitals treated at least one inpatient but less than 30 patients:

Allen Memorial Hospital, Ashley Valley Medical Center, Bear River Valley Hospital, Cache Valley Medical Specialty Hospital, Central Valley Medical Center, Gunnison Valley Hospital, Heber Valley Medical Center, Mountain West Medical Center, Sanpete Valley Hospital, Salt Lake Regional Medical Center, Uintah Basin Medical Center, Veterans Administration Medical Center.

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Continued on Next Page

Actual: percentage of gallbladder removal inpatients who had laparoscopic gallbladder removals at this hospital.

Inpatient Laparoscopic (Lap) Gallbladder Removals in Utah Hospitals (IQI 23)

Age 18 Years and Over: 2005

- CONTINUED -

Hospital	Lap and Open Inpatients	Actual Lap Inpatients
Utah Overall	2,147	82.5%
Sevier Valley Hospital	31	93.5%
St. Mark's Hospital	271	77.1%
Timpanogos Regional Hospital	37	83.8%
University Health Care Hospital	95	62.1%
Utah Valley Regional Medical Center	206	85.0%
Valley View Medical Center	50	74.0%

Utah overall had a higher percentage of laparoscopic gallbladder removals (82.5%) than similar inpatients nationwide (about 75%).

Laparoscopic surgery (lap) requires smaller incisions and quicker recovery for the patient, so it is usually preferable. However, the doctor may start a lap, find unanticipated problems and change to an open surgery. Other patients with known complex medical problems require planned open surgery.

The following hospitals treated at least one inpatient but less than 30 patients:

Allen Memorial Hospital, Ashley Valley Medical Center, Bear River Valley Hospital, Cache Valley Medical Specialty Hospital, Central Valley Medical Center, Gunnison Valley Hospital, Heber Valley Medical Center, Mountain West Medical Center, Sanpete Valley Hospital, Salt Lake Regional Medical Center, Uintah Basin Medical Center, Veterans Administration Medical Center.

[Click here to read Data Limitations.](#)

Actual: percentage of gallbladder removal inpatients who had laparoscopic gallbladder removals at this hospital.

Outpatient Gallbladder Removal - Laparoscopic (ICD9 51.23)

Age 18 Years and Over

Average Total Charges, Utah: 2005

Facility	Outpatients	Average Charge
Utah Overall	5,704	\$5,851
Alta View Hospital	197	\$4,213
American Fork Hospital	279	\$4,002
Ashley Valley Medical Center	60	\$9,796
Bear River Valley Hospital	33	\$6,076
Brigham City Community Hospital	61	\$6,964
Cache Valley Specialty Hospital	37	\$5,646
Castlevue Hospital	110	\$9,409
Central Valley Medical Center	5	\$6,455
Cottonwood Hospital	585	\$3,395
Davis Hospital & Medical Center	229	\$7,766
Delta Community Medical Center	8	\$5,925
Dixie Regional Medical Center	246	\$5,578
Fillmore Community Medical Center	10	\$6,491
Garfield Memorial Hospital	<5	\$3,533
Gunnison Valley Hospital	73	\$5,270
Heber Valley Medical Center	14	\$7,238
Jordan Valley Hospital	118	\$9,810
Lakeview Hospital	146	\$6,959
LDS Hospital	556	\$4,796
Logan Regional Hospital	161	\$4,463

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283 additional outpatients had laparoscopic gallbladder removals at other freestanding ambulatory surgery centers. 38 additional outpatients were coded as having open gallbladder removals. These 321 outpatients are not included in this table.

Table Legend

< 5 = 1 to 4 patients

State average hospital length of stay

Most outpatients stay less than 24 hours.
A few may stay longer for observation.

Level of Illness: Not available for outpatients. Most outpatients probably have relatively simple gallbladder problems and straightforward laparoscopic gallbladder removals.

Average Charge: The average dollars for hospital services for which patients were billed at a particular facility. The charge may include physicians' professional fees or patient personal costs.

Outpatient Gallbladder Removal - Laparoscopic (ICD9 51.23)

Age 18 Years and Over

Average Total Charges, Utah: 2005

- CONTINUED -

Facility	Outpatients	Average Charge
Utah Overall	5,704	\$5,851
McKay-Dee Hospital	579	\$4,892
Mountain View Hospital	124	\$6,142
Mountain West Medical Center	50	\$11,470
Ogden Regional Medical Center	169	\$8,360
Orem Community Hospital	<5	\$7,917
Pioneer Valley Hospital	64	\$8,946
Salt Lake Regional Medical Center	99	\$9,271
San Juan Hospital	13	\$8,408
Sanpete Valley Hospital	63	\$6,354
Sevier Valley Hospital	61	\$7,518
St. Mark's Hospital	473	\$6,734
St. Mark's Outpatient Surgical Center	8	\$2,050
Timpanogos Regional Hospital	115	\$8,728
Uintah Basin Medical Center	66	\$6,820
University Health Care	154	\$6,625
Utah Surgical Center	36	\$6,407
Utah Valley Regional Medical Center	493	\$5,554
Valley View Medical Center	204	\$4,609

[Click here to read Data Limitations.](#)

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Table Legend

< 5 = 1 to 4 patients

State average hospital length of stay

Most outpatients stay less than 24 hours.
A few may stay longer for observation.

Level of Illness: Not available for outpatients. Most outpatients probably have relatively simple gallbladder problems and straightforward laparoscopic gallbladder removals.

Average Charge: The average dollars for hospital services for which patients were billed at a particular facility. The charge may include physicians' professional fees or patient personal costs.

Inpatient Gallbladder Removal - Laparoscopic (APR-DRG 263)

Age 18 Years and Over

Average Hospital Charges, Utah: 2005

	Level of Illness			
	Minor/Moderate		Major/Extreme	
Hospital	Inpatients	Average Charge	Inpatients	Average Charge
Utah Overall	1,484	\$11,829	417	\$23,539
Allen Memorial Hospital	<5	\$14,063	<5	\$20,331
Alta View Hospital	50	\$9,665	22	\$16,647
American Fork Hospital	41	\$9,155	15	\$22,132
Ashley Valley Medical Center	19	\$13,795	5	\$29,007
Bear River Valley Hospital	<5	\$11,675	<5	\$10,830
Brigham City Community Hospital	30	\$10,741	<5	\$21,879
Cache Valley Specialty Hospital	6	\$6,922	0	\$0
Castlevue Hospital	27	\$15,299	18	\$22,190
Central Valley Medical Center	<5	\$5,951	0	\$0
Cottonwood Hospital	86	\$9,100	31	\$16,562
Davis Hospital & Medical Center	39	\$15,417	12	\$22,964
Dixie Regional Medical Center	216	\$9,864	39	\$25,551
Garfield Memorial Hospital	0	\$0	<5	\$6,753
Gunnison Valley Hospital	6	\$9,256	<5	\$10,127
Heber Valley Medical Center	6	\$10,857	<5	\$18,454
Jordan Valley Hospital	95	\$15,065	12	\$24,642
Lakeview Hospital	41	\$12,558	26	\$20,489
LDS Hospital	103	\$10,655	39	\$22,536
Logan Regional Hospital	67	\$9,217	19	\$17,648
McKay-Dee Hospital	75	\$10,917	29	\$22,808
Mountain View Hospital	27	\$14,672	13	\$19,826
Mountain West Medical Center	<5	\$14,184	0	\$0
Ogden Regional Medical Center	40	\$14,802	<5	\$18,821

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Table Legend

< 5 = 1 to 4 patients

State average hospital length of stay

Minor/Moderate is 2.3 days

Major/Extreme is 5.5 days.

Level of Illness: Compared to patients with minor/moderate level of illness, patients with major/extreme level of illness are likely to have more serious gallbladder problems and other serious conditions that require more complex treatment.

Average Charge: The average dollars for hospital services for which patients were billed at a particular facility. The charge does not include physicians' professional fees or patient personal costs.

Inpatient Gallbladder Removal - Laparoscopic (APR-DRG 263)

Age 18 Years and Over

Average Hospital Charges, Utah: 2005

- CONTINUED -

Hospital	Level of Illness			
	Minor/Moderate		Major/Extreme	
	Patients	Average Charge	Patients	Average Charge
Utah Overall	1,484	\$11,829	417	\$23,539
Pioneer Valley Hospital	28	\$15,482	9	\$27,037
Salt Lake Regional Medical Center	15	\$14,648	5	\$40,841
Sanpete Valley Hospital	10	\$9,924	<5	\$20,379
Sevier Valley Hospital	31	\$11,025	<5	\$13,553
St. Mark's Hospital	125	\$14,392	29	\$29,779
Timpanogos Regional Hospital	23	\$15,130	10	\$41,889
Uintah Basin Medical Center	8	\$10,655	<5	\$16,646
University Health Care	69	\$12,604	10	\$18,511
Utah Valley Regional Medical Center	136	\$11,980	45	\$30,672
Valley View Medical Center	42	\$10,974	<5	\$14,978
Veterans Administration Medical Center	15	Not available	<5	Not available

[Click here to read Data Limitations.](#)

Table Legend

< 5 = 1 to 4 patients

State average hospital length of stay

Minor/Moderate is 2.3 days

Major/Extreme is 5.5 days.

Level of Illness: Compared to patients with minor/moderate level of illness, patients with major/extreme level of illness are likely to have more serious gallbladder problems and other serious conditions that require more complex treatment.

Average Charge: The average dollars for hospital services for which patients were billed at a particular facility. The charge does not include physicians' professional fees or patient personal costs.

Inpatient Gallbladder Removal - Open (APR-DRG 262)

Age 18 Years and Over

Average Hospital Charges, Utah: 2005

	Level of Illness			
	Minor/Moderate		Major/Extreme	
Hospital	Inpatients	Average Charge	Inpatients	Average Charge
Utah Overall	159	\$17,998	68	\$37,009
Alta View Hospital	<5	\$10,005	<5	\$30,774
American Fork Hospital	<5	\$16,836	0	\$0
Ashley Valley Medical Center	<5	\$25,645	<5	\$27,145
Brigham City Community Hospital	6	\$19,351	0	\$0
Castleview Hospital	<5	\$18,314	0	\$0
Central Valley Medical Center	<5	\$22,158	0	\$0
Cottonwood Hospital	<5	\$9,366	<5	\$24,039
Davis Hospital & Medical Center	6	\$15,494	5	\$39,455
Dixie Regional Medical Center	7	\$14,049	<5	\$39,211
Jordan Valley Hospital	6	\$21,687	<5	\$40,628
Lakeview Hospital	<5	\$15,554	0	\$0
LDS Hospital	16	\$15,331	7	\$34,371
Logan Regional Hospital	12	\$13,973	<5	\$22,471
McKay-Dee Hospital	22	\$18,574	8	\$33,632
Mountain View Hospital	<5	\$19,817	0	\$0
Mountain West Medical Center	<5	\$25,795	0	\$0
Ogden Regional Medical Center	5	\$12,967	<5	\$46,806
Pioneer Valley Hospital	<5	\$23,645	<5	\$55,535
Salt Lake Regional Medical Center	<5	\$31,862	<5	\$40,176
Sevier Valley Hospital	<5	\$24,519	<5	\$39,772

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Table Legend

< 5 = 1 to 4 patients

State average hospital length of stay

Minor/Moderate is 4.6 days

Major/Extreme is 9.3 days

Level of Illness: Compared to patients with minor/moderate level of illness, patients with major/extreme level of illness are likely to have more serious gallbladder problems and other serious conditions that require more complex treatment.

Average Charge: The average dollars for hospital services for which patients were billed at a particular facility. The charge does not include physicians' professional fees or patient personal costs.

Inpatient Gallbladder Removal - Open (APR-DRG 262)

Age 18 Years and Over

Average Hospital Charges, Utah: 2005

- CONTINUED -

	Level of Illness			
	Minor/Moderate		Major/Extreme	
Hospital	Inpatients	Average Charge	Inpatients	Average Charge
Utah Overall	159	\$17,998	68	\$37,009
St. Mark's Hospital	13	\$18,426	5	\$31,589
Timpanogos Regional Hospital	<5	\$44,560	<5	\$54,831
University Health Care	26	\$20,467	<5	\$35,802
Utah Valley Regional Medical Center	11	\$15,827	10	\$34,342
Valley View Medical Center	<5	\$15,786	<5	\$43,469
Veterans Administration Medical Center	<5	Not Available	<5	Not Available

[Click here to read Data Limitations.](#)

Table Legend

< 5 = 1 to 4 patients

State average hospital length of stay

Minor/Moderate is 4.6 days

Major/Extreme is 9.3 days

Level of Illness: Compared to patients with minor/moderate level of illness, patients with major/extreme level of illness are likely to have more serious gallbladder problems and other serious conditions that require more complex treatment.

Average Charge: The average dollars for hospital services for which patients were billed at a particular facility. The charge does not include physicians' professional fees or patient personal costs.

Hospitals in Utah

County Name	Hospital Name	Location City, State, Zip	Phone Number
Beaver	Beaver Valley Hospital	Beaver, UT 84713	(435) 438-7100
Beaver	Milford Valley Memorial Hospital	Milford, UT 84751	(435) 387-2411
Box Elder	Bear River Valley Hospital	Tremonton, UT 84337	(435) 257-7441
Box Elder	Brigham City Community Hospital	Brigham City, UT 84302	(435) 734-9471
Cache	Cache Valley Specialty Hospital	North Logan, UT 84341	(435) 713-9700
Cache	Logan Regional Hospital	Logan, UT 84341	(435) 716-1000
Carbon	Castleview Hospital	Price, UT 84501	(435) 637-4800
Davis	Davis Hospital & Medical Center	Layton, UT 84041	(801) 807-1000
Davis	Lakeview Hospital	Bountiful, UT 84010	(801) 299-2200
Duchesne	Uintah Basin Medical Center	Roosevelt, UT 84066	(435) 722-4691
Garfield	Garfield Memorial Hospital	Panguitch, UT 84759	(435) 676-8811
Grand	Allen Memorial Hospital	Moab, UT 84532	(435) 259-7191
Iron	Valley View Medical Center	Cedar City, UT 84720	(435) 868-5000
Juab	Central Valley Medical Center	Nephi, UT 84648	(435) 623-3000
Kane	Kane County Hospital	Kanab, UT 84741	(435) 644-5811
Millard	Delta Community Medical Center	Delta, UT 84624	(435) 864-5591
Millard	Fillmore Community Medical Center	Fillmore, UT 84631	(435) 743-5591
Salt Lake	Alta View Hospital	Sandy, UT 84094	(801) 501-2600
Salt Lake	Cottonwood Hospital	Murray, UT 84107	(801) 314-5300
Salt Lake	Jordan Valley Hospital	West Jordan, UT 84088	(801) 561-8888
Salt Lake	LDS Hospital	Salt Lake City, UT 84143	(801) 408-1100
Salt Lake	Orthopedic Specialty Hospital	Salt Lake City, UT 84107	(801) 314-4100

Hospitals in Utah (continued)

County Name	Hospital Name	Location City, State, Zip	Phone Number
Salt Lake	Pioneer Valley Hospital	West Valley City, UT 84120	(801) 964-3100
Salt Lake	Primary Children's Medical Center	Salt Lake City, UT 84113	(801) 662-1000
Salt Lake	Salt Lake Regional Medical Center	Salt Lake City, UT 84102	(801) 350-4111
Salt Lake	St. Mark's Hospital	Salt Lake City, UT 84124	(801) 268-7700
Salt Lake	University of Utah Hospital	Salt Lake City, UT 84132	(801) 581-2121
Salt Lake	Veteran's Medical Center	Salt Lake City, UT 84148	(801) 582-1565
San Juan	San Juan Hospital	Monticello, UT 84535	(435) 587-2116
Sanpete	Gunnison Valley Hospital	Gunnison, UT 84634	(435) 528-7246
Sanpete	Sanpete Valley Hospital	Mount Pleasant, UT 84647	(435) 462-2441
Sevier	Sevier Valley Hospital	Richfield, UT 84701	(435) 896-8271
Tooele	Mountain West Medical Center	Tooele, UT 84074	(435) 843-3600
Uintah	Ashley Valley Medical Center	Vernal, UT 84078	(435) 789-3342
Utah	American Fork Hospital	American Fork, UT 84003	(801) 855-3300
Utah	Mountain View Hospital	Payson, UT 84651	(801) 465-7000
Utah	Orem Community Hospital	Orem, UT 84057	(801) 224-4080
Utah	Timpanogos Regional Hospital	Orem, UT 84057	(801) 714-6000
Utah	Utah Valley Regional Medical Center	Provo, UT 84603	(801) 373-7850
Wasatch	Heber Valley Medical Center	Heber City, UT 84032	(435) 654-2500
Washington	Dixie Regional Medical Center	St. George, UT 84790	(435) 251-1000
Weber	McKay-Dee Hospital	Ogden, UT 84403	(801) 387-2800
Weber	Ogden Regional Medical Center	Ogden, UT 84405	(801) 479-2111

Become an Informed Health Care Consumer



Take Responsibility for Your Health

Be proactive in your family's health care. Don't wait until you have a medical emergency to learn about your health plan coverage.

Be Knowledgeable

Know your personal and family medical history. Know your rights and responsibilities as a patient. Know the rules of your insurance plan before you use medical services.

Be Informed

Learn about your own and your family's illnesses. Find out about the latest treatments and alternatives to surgery. Consider yourself a partner in your care and treatment.

Speak Up

No one knows more about you than you do! Tell your doctor about your symptoms and what you think may be causing them. Ask what types of treatments are available and why your health care professionals are suggesting one treatment rather than another.

Ask Questions

Be informed about your alternatives. Have questions ready ahead of time to ask your doctor, health plan representative, or facility personnel.

Avoid Unnecessary Treatment

Your doctor's decisions about your care can account for as much as three-quarters of your medical bills. Save time and money by seeking the best treatment for your needs. Reduce unforeseen costs by choosing the most appropriate insurance plans for you and your family and using providers within your health plan when possible.

Please be aware that information in this report is neither intended nor implied to be a substitute for professional medical advice. Always seek the advice of your physician or other qualified health provider and ask questions prior to starting any new treatment.

CALL YOUR HEALTH CARE PROVIDER IMMEDIATELY IF YOU THINK YOU MAY HAVE A MEDICAL EMERGENCY.

Why use these indicators/measures?



APR-DRGs

Measures for average facility charge are All Patient Refined Diagnosis Related Groups (APR-DRGs) for similar, though not identical, kinds of gallbladder procedures in this report's quality of care section. APR-DRG software, widely used in health care research, organizes about 20,000 clinical diagnoses and procedures into about 300 groups.

Each APR-DRG has four severity of illness levels. This report shows average facility charge for minor and moderate severity of illness levels combined and average facility charge for major and extreme severity of illness levels combined. APR-DRGs and severity of illness levels apply to inpatients but not to outpatients. This report uses APR-DRG version 20.0.

Note that other Utah Department of Health reports that include average charge information use APR-DRG Version 15.0 for data from 2004 and earlier.

AHRQ Inpatient Quality Indicators

The Agency for Healthcare Research and Quality (AHRQ), a federal agency in charge of quality of care, developed the Inpatient Quality Indicators (IQIs) used in this report. The IQIs allow comparison among Utah inpatients and similar inpatients nationwide based on the State Inpatient Databases 2004 through the expected rate (or national rate). These databases represent about 90% of all inpatients in the U.S. from 38 participating states in 2004. The Health Care Cost and Utilization Project (HCUP) collects these data every year.

The AHRQ IQIs are nationally recognized indicators, in compliance with the mandates of Senate Bill 132, the Health Care Consumer's Report Bill passed in 2005.

AHRQ Patient Safety Indicators

The Agency for Healthcare Research and Quality (AHRQ), a federal agency in charge of quality of care, developed the Patient Safety Indicators (PSIs) used for the facility comparison reports when applicable. The PSIs allow comparison among Utah patients and similar patients nationwide based on the State Inpatient Databases 2004 through the expected rate. These databases represent about 90% of all inpatients in the U.S. from 38 participating states in 2004. The Health Care Cost and Utilization Project (HCUP) collects these data every year.

The Patient Safety Indicators (PSIs) are used as a tool to help identify potential adverse events occurring during hospitalization. Adverse events are undesirable and unintended injuries due to medical care or omission of necessary medical care. Widespread consensus exists that health care organizations can reduce patient injuries by improving the environment for safety.

The AHRQ PSIs are nationally recognized indicators, in compliance with the mandates of Senate Bill 132, the Health Care Consumer's Report Bill passed in 2005.

General Terms Used in This Report



Actual death percentage: the actual number of deaths per 100 patients with a certain condition or procedure. Actual death percentage does not adjust for the facility's case mix. Other name: observed death rate per 100 patients. Some measures exclude transfer patients.

Actual Rate: The actual rate is the number of events that occurred for every 100 patients for some indicators and for every 1,000 patients for other indicators. This rate is not risk-adjusted.

Agency for Healthcare Research and Quality (AHRQ): a federal agency that develops indicators of patient safety and quality of care and engages in other related activities.

Allergic reaction: swollen glands, trouble breathing and other body reactions that can be life threatening.

APR-DRG: stands for All Patient Refined Diagnosis Related Group, which is software widely used in health services research. The APR-DRG software organizes about 20,000 clinical diagnoses and procedures into about 300 groups. Each APR-DRG has four levels for severity of illness. This report combines the Minor and Moderate levels and combines the Major and Extreme levels for the average facility charge tables. This report uses APR-DRG version 20.0. Read more at www.3m.com/us/healthcare/his/products/coding/refined_drg.jhtml

Average charge: the average dollars for facility services for which patients were billed at a particular facility. The charge does not include physicians' professional fees or patient personal costs. The charge may differ from actual payment that the facility receives. For this report high outlier charges were excluded from each facility's average charge. A high outlier (unusually high) charge is over 2.5 standard deviations higher than the state mean for each of four subclasses of severity of illness per APR-DRG.

Expected death percentage: the number of deaths expected per 100 patients with a certain condition or procedure based on similar patients nationwide in the Health Care Cost and Utilization Project (HCUP) State Inpatient Databases for 2003. Expected death percentage adjusts for the facility's case mix (patients' age, gender and how ill the patients are). Read more at www.qualityindicators.ahrq.gov/downloads/iqi/iqi_guide_v31.pdf.

Expected Rate: the number of patients expected for every 100 patients for some indicators and for every 1,000 patients for other indicators with a certain condition or procedure based on similar patients nationwide in the Health Care Cost and Utilization Project (HCUP) State Inpatient Databases for 2003. Expected rate adjusts for the facility's case mix (patients' age, gender and how ill the patients are). Read more at www.qualityindicators.ahrq.gov/downloads/iqi/iqi_guide_v31.pdf.

Facility or facilities: hospitals that treat outpatients and inpatients and hospitals and ambulatory surgery centers that treat outpatients.

Inpatient Quality Indicators (IQI): were developed by the Agency for Healthcare Research and Quality (AHRQ), a federal agency, to be used on inpatient hospital discharge data. AHRQ IQI definitions and methods were used to calculate the actual and expected deaths rates conditions and procedures in this report. AHRQ IQI limitations include possible differences in facility coding practices and possible inadequacy of the risk adjustment method for expected death percentage. The AHRQ IQIs and APR-DRGs in Utah Hospital Comparison reports are similar but not identical. See this report's technical document. Read more at www.qualityindicators.ahrq.gov/downloads/iqi/iqi_guide_v31.pdf

Outlier charge: a charge by a specified facility that is more than 2.5 standard deviations higher than the state average by APR-DRG and severity of illness level. This report excludes outlier charge cases. For more information see this report's technical document.

Patient Safety Indicators (PSIs): Patient safety is quality improvement of health care to reduce medical injuries (e.g., injuries to patients in a health care setting such as a facility). The Agency for Healthcare Research and Quality (AHRQ), a federal agency, has developed a set of indicators of patient safety based on the inpatient hospital discharge data. Although hospital discharge data do have some limitations, research shows that PSIs may serve as proxies for patient safety-related performance. AHRQ PSI definitions and analytical methods were used to calculate the three indicators. Read more at www.qualityindicators.ahrq.gov/

Severity of illness: Utah Hospital Comparison reports use two levels of illness for inpatients based on the APR-DRG's four subclasses for severity of illness (SOI): Minor/Moderate and Major/Severe. For more information see this report's technical document.

Star rating system: Utah Hospital Comparison reports use star rating based on a test of statistical significance, the exact 95% confidence interval. For the Heart Surgeries and Conditions Report and the Hip and Knee Surgeries and Conditions Report, this test shows whether the difference between a facility's actual death percentage and expected death percentage is real (statistically significant, $p < 0.05$) or just due to chance. We calculated the upper and lower exact 95% confidence interval limits for each facility's actual death rate for each indicator. If the expected death percentage is between the lower and higher limits for the actual death percentage, then we are 95% confident that the actual death rate and the expected death rate are essentially the same. If the higher limit for the actual death percentage is lower than the expected death percentage, then we are 95% confident that the actual death percentage is really lower than the expected death rate. If the lower limit for the actual death percentage is higher than the expected death percentage, then we are 95% confident that the actual death rate is really higher than the expected death rate. For more information see this report's technical document.

State Inpatient Databases (SID) 2004: a national sample that represents about 90% of all inpatients from 38 participating states in 2004. The Health Care Cost and Utilization Project (HCUP) collects these data every year. For this report, the percentage of expected deaths for the quality indicators is adjusted using the SID 2004. Read more at www.hcup-us.ahrq.gov/sidoverview.jsp#What.

Statistically significant difference: the star ratings in the AHRQ IQI tables use exact 95% confidence intervals to show whether differences are statistically significant ($p < 0.05$). For more information see the report specific technical document.

Utah overall: for each specified condition or procedure and severity of illness group (Minor/Moderate or Major/Extreme), all adult cases treated at all Utah facilities, except some specialty facilities such as Primary Children's Medical Center. Utah overall average charge is the sum of all reported facility charges billed to all patients treated at Utah facilities divided by the number of Utah overall cases except the Veterans Administration. The AHRQ IQI tables include only Utah residents. The APR-DRGs tables include Utah resident and non-resident patients.

Gallbladder Terms Used in This Report



Bile: a substance made up of mostly of salts and cholesterol excreted from the liver and stored in the gallbladder. Bile is sent to the small intestine to help digest fatty foods.

Cholangiogram, percutaneous transhepatic cholangiogram: an x-ray of the bile ducts inside and outside the liver. The x-ray is taken after contrast medium (dye) is injected. Though the medical community is divided, some surgeons perform an x-ray (cholangiogram) to be sure the bile ducts are intact.

Cholangitis: an infection of the common bile duct, the tube that carries bile from the liver to the gallbladder and intestines.

Cholecystitis: inflammation of the gallbladder, often causing abdominal pain which can be severe.

Cholelithiasis: see gallstones.

Common bile duct injury: a rare but serious complication of gallbladder removal. Among laparoscopic gallbladder removals, it occurs in less than one in 200 patients.

Gallbladder: an organ that stores bile excreted from the liver.

Gallbladder disease: includes inflammation, infection, stones or obstruction of the gallbladder.

Gallbladder removal: surgery to remove the gallbladder. The surgery is usually done if the gallbladder is inflamed or blocked, if gallstones are causing inflammation of the pancreas or if cancer is suspected.

Gallstones: hard objects that form within the gallbladder and its ducts. Gallstones occur when bile gets too thick and forms stones resembling gravel, peas or even olives. These stones can cause blockages, infection, jaundice, stagnant bile and cholangitis which may require hospitalization and surgery.

Laparoscopic gallbladder removal: the surgeon removes the gallbladder using small instruments, including a camera. The surgeon inserts these instruments into the abdomen through small puncture holes near the belly button and below the ribs. The surgeon finds the gallbladder, cuts its vessels and tubes, and removes the gallbladder. Another minimally invasive procedure (called endoscopic retrograde cholangiopancreatography) removes the gallstones through through the mouth and stomach.

Laparoscopic to open gallbladder removal: sometimes the surgeon begins a laparoscopic gallbladder removal but must change to an open gallbladder removal. The change in plan may be due to how the patient's organs are positioned, past abdominal surgeries or other reasons.

Open gallbladder removal: the surgeon removes the gallbladder through an incision (cut) four to eight inches long below the right ribs. Patients who have had previous abdominal surgery or certain medical conditions may need open rather than laparoscopic gallbladder removal.

Note: Medical terms for gallbladder conditions and procedures are based on Healthfinder, <http://www.healthfinder.gov/library/> and MedlinePlus, <http://www.nlm.nih.gov/medlineplus/encyclopedia.html>

State and National Resources



Utah

Check Your Health - for personal weight loss, nutrition, and/or physical activity information. www.checkyourhealth.org

Indicator Based Information System for Public Health (IBIS) - provides information on the health status of Utahns, the state of the health care system, and Utah public health activities. <http://ibis.health.utah.gov/home/welcome.html>

MyHealthCare in Utah – contains this report and several other Utah hospital comparison reports. Consumers are encouraged to use the information on this site to make informed decisions about their medical care. <http://health.utah.gov/myhealthcare>

Obesity in Utah - offers information about how obesity is affecting people in Utah and the steps being taken to combat its advance. <http://health.utah.gov/obesity/>

Utah CheckPoint System - provides reliable data on 14 interventions that medical experts agree should be taken to treat heart attacks, heart failure and pneumonia. <http://www.utcheckpoint.org>

Utah PricePoint System - provides aggregate payment information for each hospital in Utah for the three major kinds of health care coverage – private insurance, Medicare and Medicaid. <http://www.utpricepoint.org>

National Sites

American College of Gastroenterology – educational materials on gallbladder disease developed by the physician experts. Good resource for understanding risk factors in women. <http://www.acg.gi.org/patients/patientinfo/gallbladder.asp>

American College of Surgeons – link to an informative eight-page consumer brochure covering gallbladder removal topics such as treatment options, risks/possible complications, and pain control. http://www.facs.org/public_info/operation/brochures/cholecystectomy.pdf

American Gastroenterological Association – information about gallstones and how they form, how they can be treated, and alternatives to gallbladder removal. <http://www.gastro.org/wmspage.cfm?parm1=688>

National Digestive Diseases Information Clearinghouse (NDDIC) - established in 1980 to increase knowledge and understanding about digestive diseases among people with these conditions and their families, health care professionals, and the general public. <http://digestive.niddk.nih.gov/>

National Library of Medicine (MedlinePlus) – good consumer information about gallbladder removal including medical illustrations and definitions; also an overview of surgical risks and complications. <http://www.nlm.nih.gov/medlineplus/ency/article/002930.htm>

Society of American Gastrointestinal and Endoscopic Surgeons – for patients to inform themselves about surgery to find and remove gallstones or the gallbladder. Also included is a helpful patient information brochure on laparoscopic gallbladder removal (cholecystectomy). <http://www.gallbladder-surgery.info/>

Society of Laparoendoscopic Surgeons – contains patient information for minimally-invasive procedures including laparoscopic gallbladder removal. <http://www.sls.org/i4a/pages/index.cfm?pageid=3411>

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